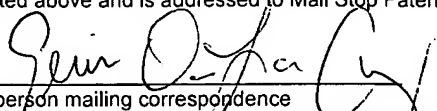


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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	06132/065003
Applicant	Thomas P. Monath, Farshad Guirakhoo, Juan Arroyo, and Konstantin Pugachev
Title	Flavivirus Vaccines
PRIORITY INFORMATION:	
This application is a continuation-in-part of U.S. Serial No. 10/345,036, filed January 15, 2003, which claims priority from U.S. Provisional Patent Application Serial Nos. 60/348,949, filed January 15, 2002, and 60/385,281, filed May 31, 2002, the contents of each of which are incorporated herein by reference.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	45 pages
Claims	3 pages
Abstract	1 page
Drawings	9 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references

Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 24-20 x \$9	\$36.00
Excess Independent Claims Fee: 3-3 x \$43	\$0.00
Multiple Dependent Claims Fee: \$145	\$0.00
Total Fees:	\$421.00
<input checked="" type="checkbox"/> Enclosed is a check for \$421.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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CUSTOMER NO.: 21559	
<u>Susan M. Michaud</u> Susan M. Michaud, Ph.D. Reg. No. 42,885	<u>February 27, 2004</u> Date